

Work Order ID 121766

Wednesday, July 02, 2014 3:33:53 PM

121766

Page 1

Item ID: D3874-1L02 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector, Co-Pilot (Black)
 Start Date: 6/27/14 Start Qty: 2.00 ***2*** Cust Item ID:
 Required Date: 7/02/14 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 1407-03 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D3874 | 3 <i>du</i> |

| | | | | | | | | | |
|------------------------------|------------------------------------|------|--|--|--|-----------|--|--|-------------------|
| 100 | | 0.00 | | | | | | | DAS 07 9-89 |
| *100* | | | | | | | | | |
| HandThermo | Memo | 0.00 | | | | <i>x2</i> | | | |
| Hand Finishing Thermoforming | 1-Cut Sheet to required Blank size | | | | | | | | 17/07/10 |

| | | | | | | | | | |
|------------------------------|---------------------------------------|------|--|--|--|-----------|--|--|-------------------|
| 105 | | 0.00 | | | | | | | DAS 07 9-89 |
| *105* | | | | | | | | | |
| HandThermo | Dry Material | 0.00 | | | | <i>x2</i> | | | |
| Hand Finishing Thermoforming | Memo | 0.00 | | | | | | | |
| | Dry Sheet as per QSI022 POLYCARBONATE | | | | | | | | 14/07/10 |

Temp: 245 deg. F
 Time IN: 5:00 PM
 Time OUT: 6:00 AM

JUL 10 2014

Per.....

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

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| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
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Work Order ID 121766

Wednesday, July 02, 2014 3:33:53 PM

121766

Page 2

Item ID: D3874-1L02 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Floor Protector, Co-Pilot (Black)
Start Date: 6/27/14 Start Qty: 2.00 *?
Required Date: 7/02/14 Req'd Qty: 2.00 *?
Cust Item ID:
Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 110 | | 0.00 | | | | | | | DAS 07 9-89 |
| *110* | | | | | | x2 | | | |
| Thermoform | Memo | 0.00 | | | | | | | |
| Thermoforming Machine | 1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA038 using tool DT9474 Dwg Rev: <u>B</u> Folio Rev: <u>7</u> Visually inspect for proper formation and texture | | | | | | | | 14/07/10 |
| 140 | | 0.00 | | | | | | | DAS 07 9-89 |
| *140* | | | | | | x2 | | | |
| HandThermo | Memo | 0.00 | | | | | | | |
| Hand Finishing Thermoforming | 1-Trim to finished dimensions as per Dwg | | | | | | | | |
| 150 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | DAS 07 9-89 |
| *150* | | | | | | x2 | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | Complete FAI document | | | | | | | | |

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

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| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
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Work Order ID 121766

Wednesday, July 02, 2014 3:33:53 PM

121766

Page 3

Item ID: D3874-1L02 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Floor Protector, Co-Pilot (Black)
Start Date: 6/27/14 Start Qty: 2.00 ***2*** Cust Item ID:
Required Date: 7/02/14 Req'd Qty: 2.00 ***2*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|-----------------------------------------------|-----------------------------------------------------------------|----------------------|---------------------------------|--------|--------------|---------------|---------------|------------------|------------------------------|
| 160 *160* QC Quality Control | QC5- Inspect part completeness to step on W/O Memo | 0.00 0.00 | 68-6 27 DAS 27 9-89 | | | 2 | | | |
| 170 *170* Packaging Packaging | Identify as per dwg & Stock Location: <u>87225B</u> Memo | 0.00 0.00 | | | | 2x | | | DAS 28 9-89 14-7-14 |
| 180 *180* QC Quality Control | QC21- Final Inspection - Work Order Release Memo | 0.00 0.00 | | | | MLJ | | | 14-07-16 14-7-14 |

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
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Picklist Print

Thursday, July 03, 2014 8:55:17 AM

Page 1

Work Order ID: 121766

121766

Parent Item: D3874-1L02

D3874-1L02

Parent Item Name: Floor Protector, Co-Pilot (Black)

Start Date: 6/27/14

Required Date: 7/02/14

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev. A colors added to D3874-1 parts 14/07/02 DL

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|----------------------------|
| MLEXS.125-F6006-02 | | Purchased | No | | | | sf | 2,416.000 | | 8.76 | | | DAS 07 9-89 |
| *MI FXS 125-F6006-02* | | | | | | | | | | | | | |
| GE PLASTICS LEXAN SHEET(BLACK) | | | | | | | | | | | | | |

Location

waterjet

m128887

Loc Qty

2416

2416

Loc Code

8.76 sg ft

14/07/10

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> |
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
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|-------------------------------------|-----------------------|---------------------|---------|
| DART AEROSPACE LTD | | Work Order: | 121766 |
| Description: Floor Protector | | Part Number: | D3874-1 |
| Inspection Dwg: D3874 | Rev: <i>AR</i> | Page 1 of 1 | |

FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

THERMOFORMING SECTION

| Description | Accept | Reject | Method of Inspection | Comments |
|-----------------------------------------------------------------|----------|--------|----------------------|----------|
| Inside Radii less than <i>N/A</i> | | | | |
| Shape Definition | <i>✓</i> | | | |
| Texture Retention | <i>✓</i> | | | |
| Material imperfections such as bumps, cracks, voids, scratching | <i>✓</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

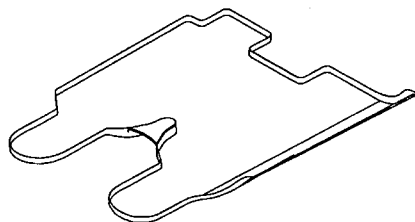
| | | | |
|---------------------|----------------------------------------|--------------|----------|
| Measured by: | DAS 07 9-89 | Date: | 14/07/10 |
|---------------------|----------------------------------------|--------------|----------|

TRIMMING SECTION

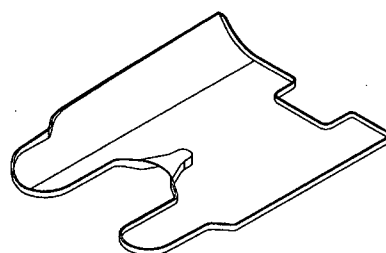
| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|-----------|------------------|----------|--------|----------------------|----------|
| 0.050 | Min | 0.065" | <i>✓</i> | | | |
| 0.065 | Min | 0.102" | <i>✓</i> | | | |
| 0.5 | Min | 0.52" | <i>✓</i> | | | |
| | | | | | | |
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|----------------------------|------------------------------------------------------|--------------|----------|
| Measured by: | <i>DAS</i> DAS 27 9-89 | Date: | 14/07/14 |
| Audited by: | | Date: | 14/7/14 |
| Prototype Approval: | N/A | Date: | N/A |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|-----------|------------|-----------|
| A | 09.09.15 | New Issue | KJ | <i>AA</i> |



△ D3874-1LXX FLOOR PROTECTOR



△ D3874-2LXX FLOOR PROTECTOR

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

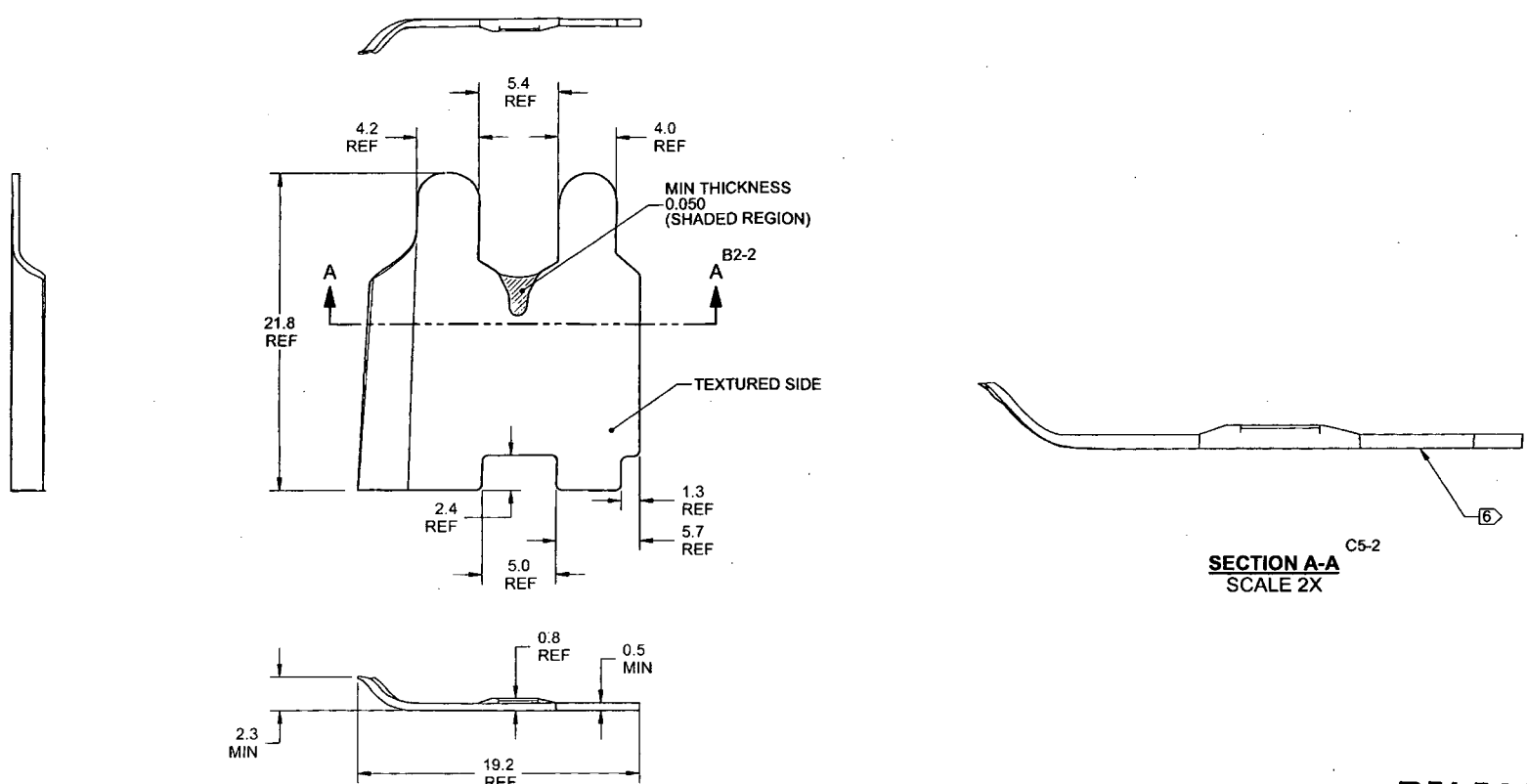
NO. 121766 MJS

1407-03

RELEASED
2014-06-17
mp

| | | | | | |
|-----------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| APPROVED | B | ADDED D3874-1L02 AND D3874-2L02 CONFIGURATIONS AND RE-IDENTIFIED D3874-1 AND D3874-2 AS D3874-1L08 AND D3874-2L08. REVISED NOTE 1 AND ADDED MATERIAL TABLE | | AK | 14.04.10 |
| | A | NEW ISSUE | | PH | 09.01.29 |
| | REV. | DESCRIPTION | | BY | DATE |
| | DESIGN | AK | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA DRAWING NO. D3874 TITLE FLOOR PROTECTOR REV. B SHEET 1 OF 3 SCALE NTS | | |
| | DRAWN | AK | | | |
| | CHECKED | RF | | | |
| MFG. APPR. | DL | | | | |
| APPROVED | HS | | | | |
| DE APPR. | DS | | | | |
| DATE | 14.04.10 | | | | |

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B D3874-1LXX FLOOR PROTECTOR

RELEASED
2014-06-17

- NOTES:**
- 1) MATERIAL: SEE TABLE **B**
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3874-1LXX" USING VIBRATING STYLUS
 - 7) WEIGHT: 1.5 lbs
 - 8) TOOLING: THERMOFORM PER MOLD DT9474 PER DART QSI 022. TRIM PER MOLD
 - 9) MINIMUM THICKNESS: 0.050" ON FLANGES AND 0.065" ELSEWHERE EXCEPT AS SHOWN

| PART NUMBER | DESCRIPTION |
|-------------|-------------------------------------------------------------------------------------------|
| D3874-1L02 | F6006 SUEDE/POLISHED 701 BLACK LEXAN SHEET 0.125 THICK (REF DART SPEC MLEX.125-F6006-02) |
| D3874-1L08 | 90318 PROTECT-A-GLAZE 112 CLEAR LEXAN SHEET 0.118 THICK (REF DART SPEC MLEX.118-90318-08) |

| | | |
|------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESIGN | AK | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA DRAWING NO. D3874 TITLE FLOOR PROTECTOR COPYRIGHT © 2009 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |
| DRAWN | AK | |
| CHECKED | RF | |
| MFG. APPR. | DL | |
| APPROVED | HS | |
| DE APPR. | DS | REV. B SHEET 2 OF 3 SCALE NTS |
| DATE | 14.04.10 | |